

WHAT IS CLAIMED IS:

1. A multilumen catheter, comprising:
an elongate, flexible tubular body, having a proximal end and a distal end;
a first lumen extending throughout the length of the tubular body, between the proximal end and the distal end; and
a second lumen extending between a proximal port and a distal port;
wherein at least the distal port is spaced proximally apart from the distal end.
2. A multilumen catheter as in Claim 1, further comprising an axially extending tear line in the wall defining the second lumen.
3. A multilumen catheter as in Claim 2, wherein the tear line comprises a perforation line.
4. A multilumen catheter as in Claim 2, wherein the second lumen is defined within a wall, and the tear line comprises a reduced thickness in the wall.
5. A multilumen catheter as in Claim 4, wherein the tear line comprises an axially extending recess in the wall.
6. A multilumen catheter as in Claim 5, wherein the recess extends radially outwardly from an interior surface of the wall.
7. A multilumen catheter as in Claim 1, wherein the distal port is spaced proximally apart from the distal end by at least about 2 cm.
8. A multilumen catheter as in Claim 1, further comprising an axially extending slit in the wall of the second lumen.
9. A multilumen catheter as in Claim 1, wherein the length of the second lumen is within the range of from about 20% to about 60% of the length of the catheter.
10. A method of positioning a first wire through a portion of the ipsilateral iliac, across the bifurcation of the aorta and through a portion of the contralateral iliac, and a second wire through the portion of the ipsilateral iliac and into the aorta, comprising the steps of:

introducing a catheter through a first access site and into a first iliac, the catheter having at least first and second lumens;

advancing the catheter superiorly to the bifurcation of the aorta and inferiorly down a second iliac to a second access site;

introducing a first wire through the first lumen and between the first access site and the second access site;

introducing a second wire through the second lumen superiorly through the ipsilateral iliac and into the aorta; and

removing the catheter, while leaving the first and second wires in place.

11. A method as in Claim 10, wherein the removing step comprises tearing the wall of the second lumen in response to proximal retraction of the catheter.

12. A method as in Claim 10, wherein the advancing the catheter step comprises advancing the catheter along a third wire.

13. A method as in Claim 10, wherein the first wire comprises a release wire for releasing the contralateral iliac branch of a bifurcation graft from a constrained configuration to an expanded configuration.

14. A method as in Claim 10, further comprising the step of introducing a bifurcation graft delivery catheter into the aorta along the second wire.

15. A method of transluminally deploying a bifurcation graft at the bifurcation of the aorta into the ipsilateral and contralateral iliacs, comprising the steps of:

introducing a catheter through a first access site and into the ipsilateral iliac, the catheter having at least first and second lumens;

advancing the catheter superiorly to the bifurcation of the aorta and inferiorly down the contralateral iliac to a second access site;

introducing a first wire through the first lumen from the first access site through the second access site;

introducing a second wire through the second lumen from the first access site superiorly through the ipsilateral iliac and into the aorta; and

removing the catheter, while leaving the first and second wires in place.

16. A method of transluminally deploying a bifurcation graft at the bifurcation of the aorta into the ipsilateral and contralateral iliacs, comprising the steps of:

introducing a catheter through a first access site and into the contralateral iliac, the catheter having at least first and second lumens;

advancing the catheter superiorly to the bifurcation of the aorta and inferiorly down the ipsilateral iliac to a second access site;

introducing a first wire through the first lumen between the first access site and the second access site;

introducing a second wire through the second lumen from the second access site superiorly through the ipsilateral iliac and into the aorta; and

removing the catheter, while leaving the first and second wires in place.

17. A method as in Claim 16, wherein the removing step comprises tearing the wall of the second lumen in response to proximal retraction of the catheter.

18. A method as in Claim 16, wherein the advancing the catheter step comprises advancing the catheter along a third wire.

19. A method as in Claim 16, wherein the first wire comprises a release wire for releasing the contralateral iliac branch of a bifurcation graft from a constrained configuration to an expanded configuration.

20. A method as in Claim 16, further comprising the step of introducing a bifurcation graft delivery catheter into the aorta along the second wire.